PART B - FEE(S) TRANSMITTAL

5020-0101PUS1

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

INSTRUCTIONS: This for appropriate. All further cor	rm should be used for trans	mitting the ISSUI	or Fax E FEE and PUBLIC lers and notification	(703) 746-4000 CATION FEE (if red of maintenance fees	quired). Blocks 1 through 5 s s will be mailed to the current ss; and/or (b) indicating a sepa	hould be completed where correspondence address as
maintenance fee notification	ns.		specifying a new c			
CURRENT CORRESPONDENC	Note: A certificate of mailing can only be used for domestic mailing Fee(s) Transmittal. This certificate cannot be used for any other accompapers. Each additional paper, such as an assignment or formal drawin have its own certificate of mailing or transmission.			or domestic mailings of the for any other accompanying ent or formal drawing, must		
	590 01/05/2005	nar H D		have its own certific	ate of mailing or transmission.	
PO BOX 747 FALLS CHURCH	RT KOLASCH & BII , VA 22040-0747	OTPE	30,174	I hereby certify that States Postal Service addressed to the M transmitted to the US	Certificate of Mailing or Trans this Fee(s) Transmittal is being e with sufficient postage for fir lail Stop ISSUE FEE address SPTO (703) 746-4000, on the d	mission g deposited with the United st class mail in an envelope above, or being facsimile ate indicated below.
2/5002 FAONDINS 000000)28 10625599	APR 0 4 2005	FIGE		-	(Depositor's name)
C:2501	700.00 DP 写	7 Ur 124				(Signature)
C:1504	300.00 OP	PADEMAR	57			(Date)
APPLICATION NO.	FILING DATE	F	IRST NAMED INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/625,599	10/625,599 07/24/2003		Stephen M. Ruff		4038-0117P	7942
TITLE OF INVENTION: SI		ISSUE FE				
	APPLN. TYPE SMALL ENTITY		E PO	JBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	<u>.</u>	\$300	\$1000	04/05/2005
EXAMINER		ART UNI	T CI	ASS-SUBCLASS		
PATTERSON, MARIE D		3728		036-136000		
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN	37 CFR 3.11. Completion of	ow, no assignee d f this form is NOT	ata will appear on t a substitute for filin RESIDENCE: (CIT	he patent. If an assi	,	ocument has been filed for
Please check the appropriate	assignee category or categori	ies (will not be prin			Corporation or other private gro	our antity D Government
4a. The following fee(s) are			Payment of Fee(s):	- marviadar	Corporation of other private gre	oup entity - Government
Issue Fee	A check in the amount of the fee(s) is enclosed.					
Publication Fee (No s	Payment by credit card. Form PTO-2038 is attached. (if needed) The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).					
Advance Order - # of	Copies4		The Director is I Deposit Account Nu	mber	charge the required fee(s), or enclose an extra c	credit any overpayment, to oppy of this form).
	(from status indicated above) MALL ENTITY status. See 3		b. Applicant is no	longer claiming SM	ALL ENTITY status. See 37 Cl	FR 1.27(g)(2).
The Director of the USPTO NOTE: The Issue Fee and Printerest as shown by the reco	is requested to apply the Issue ublication Fee (if required) wi ords of the United States Pater	Fee and Publication of the second of the sec	on Fee (if any) or to from anyone other the office.	re-apply any previou nan the applicant; a re	sly paid issue fee to the applica gistered attorney or agent; or th	tion identified above. te assignee or other party in
Authorized Signature	Sall him	y Muna	√	Date	April 4, 20	05
Typed or printed name	Joe McKinne	y Muncy	1	Registratio	on No. <u>32,334</u>	
This collection of informatio an application. Confidentiali submitting the completed ap this form and/or suggestions Box 1450, Alexandria, Virgi Alexandria, Virginia 22313-	on is required by 37 CFR 1.31 ty is governed by 35 U.S.C. I pplication form to the USPTO for reducing this burden, sho mia 22313-1450. DO NOT SI 1450.	1. The information 122 and 37 CFR 1. 5. Time will vary duld be sent to the END FEES OR CO	is required to obtain 14. This collection is epending upon the Chief Information O OMPLETED FORM	or retain a benefit by s estimated to take I' ndividual case. Any fficer, U.S. Patent an S TO THIS ADDRE	y the public which is to file (and 2 minutes to complete, includin comments on the amount of tir d Trademark Office, U.S. Depa SS. SEND TO: Commissioner	by the USPTO to process) g gathering, preparing, and ne you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.